GENERAL CLAIM GUIDANCE

OVERVIEW

This manual provides an overview of South Dakota Medicaid claims requirements. Refer to the claim instructions for detailed information on completing a claim.

TIMELY FILING

Per ARSD 67:16:35:04 South Dakota Medicaid must receive a provider’s completed claim form within 6 months following the month the services were provided. This time limit may be waived or extended only when one or more of the following situations exist:

- The claim is an adjustment or void of a previously paid claim and is received within 3 months after the previously paid claim;
- The claim is received within 6 months after a retroactive initial eligibility determination was made as a result of an appeal;
- The claim is received within 3 months after a previously denied claim;
- The claim is received within 6 months after the provider receives payment from Medicare or private health insurance or receives a notice of denial from Medicare or private health insurance; or
- To correct an error made by the South Dakota Medicaid.

The table below may be used by providers to determine the deadline to file claims.

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<th>Month of Service</th>
<th>Claim must be received on or before the last day of the month</th>
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THIRD-PARTY LIABILITY

Third-party liability (TPL) is the legal obligation of a third party to pay for all or part of a recipient’s medical cost. Third-party payers include private health insurance, worker’s compensation, disability insurance, and automobile insurance.
South Dakota Medicaid is generally the payer of last resort with some exceptions of IHS and other federal programs. Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources. Medicare is primary to South Dakota Medicaid and must be billed first. Any balance after Medicare payment should be billed to other TPL payers prior to billing Medicaid. A claim submitted to Medicaid must have the third-party explanation of benefits (EOB) attached, if applicable.

In addition, providers must submit a claim to a third-party liability source before submitting it to Medicaid except in the following situations:

- Services for early and periodic screening, diagnosis, and treatment provided under ARSD § 67:16:11, except for psychiatric inpatient services, nutritional therapy, nutritional supplements, and electrolyte replacements;
- A service provided to an individual if the third-party liability is derived from an absent parent whose obligation to pay support is being enforced by the Department of Social Services;
- The probable existence of third-party liability cannot be established at the time the claim is filed;
- The claim is for nursing facility services reimbursed under the provisions of ARSD § 67:16:04; or
- The claim is for services provided by a school district under the provisions of ARSD § 67:16:37.

**MEDICARE CROSSOVERS**

A crossover claim is a claim for a recipient who is eligible for both Medicare and South Dakota Medicaid. A claim for an individual with Medicare coverage must be submitted to Medicare first. Medicare pays a portion of the claim and South Dakota Medicaid is billed for any remaining deductible and/or coinsurance. Medicare uses a Coordination of Benefits Contractor to automatically cross over claims bill to the Medicare Part A, Part B, and Durable Medical Equipment contractors for Medicare/South Dakota Medicaid eligible recipients.

In some cases, the claim may not automatically cross over. If billing South Dakota Medicaid for the Medicare co-insurance and/or deductible, providers should only submit a crossover claim after 30 days have passed from the date of the Explanation of Medicare Benefits (EOMB) and the claim is not listed on your South Dakota Medicaid remittance advice as paid, pended, or denied. Proof of payment from Medicare (EOMB, voucher, etc.) must be attached to the crossover claim form.

South Dakota Medicaid will not pay for any service that has been denied by Medicare as not medically necessary or reasonable. If Medicare’s denial was for another reason, the provider may submit a paper claim form along with a copy of the EOMB for consideration of payment.

**PROCEDURE CODES**

Providers must use the most recent edition of the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) manuals when submitting a claim form to South Dakota Medicaid that requires a procedure code.
DIAGNOSIS CODES

Providers must use ICD-10 diagnosis codes when billing South Dakota Medicaid.

PROFESSIONAL CLAIMS

The following provider type are considered to provide professional services that must be submitted to South Dakota Medicaid using a CMS 1500 claim form or 837P:

- Ambulatory Surgical Centers
- Applied Behavioral Analyst
- Child Private Duty Nursing
- Chiropractors
- Clinical Nurse specialists
- Community Mental Health Centers
- CRNAs
- CSW-PIPs
- CSW-PIP Candidates
- Diabetes Education Programs
- Dialysis Clinics
- Dietician and Nutritionists
- DMEPOS
- FQHCs
- HCBS Waiver Providers
- Health Department Clinics
- Home Health Agencies
- Laboratories
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor - MH
- Licensed Professional Counselor – working toward MH
- Money Follows the Person
- Nurse Midwives
- Nurse Practitioners
- Occupational Therapist
- Optical Supply Companies
- Optometrists
- Physical Therapist
- Physician Assistants
- Physicians
- Podiatrists
- Psychiatrists
- Psychologists
• Radiology Units and Independent Diagnostic Testing Facilities
• RHCs
• School Districts
• Speech Language Pathologists
• Substance Use Disorder Agencies
• Transportation Providers

Professional claims submitted electronically must be submitted using the 837P, HIPAA-compliant X12 format.

Professional claims submitted on paper must be submitted using the original National Standard Form (CMS 1500) printed in red OCR ink to submit professional services claims to South Dakota Medicaid. The form is designed to permit a provider to bill up to six services for one recipient. Claims that require attachments and reconsideration claims will be processed for payment on paper.

The claim must be typewritten. Information on the claim form needs to be in exact field and cannot crossover into incorrect fields. Please refer to the applicable paper claim instructions for assistance in completing the claim form.

**INSTITUTIONAL CLAIMS**

The following providers are considered to provide institutional services that must be submitted to South Dakota Medicaid using a UB-04 claim form or 837I:

• Dialysis - Hospital based
• Indian Health Services (Refer to IHS manual for services considered institutional services)
• Hospice
• Hospital units
• Hospitals
• Nursing Facilities
• Swing Bed

Electronic claims must be submitted using the 837I, HIPAA-compliant X12 format.

Providers are required to use the original National Standard Form CMS 1450 (UB-04) printed in red OCR ink to submit institutional services claims to South Dakota Medicaid. Claims that, by policy, require attachments and reconsideration claims will be processed for payment on paper. To submit paper Institutional claims to South Dakota Medicaid, providers are required to use the official UB-04 (CMS-1450) claim form printed in red OCR ink and the claim must be typewritten. Information on the claim needs to be in exact fields and cannot crossover into incorrect fields.

The hospital claim has been designed so that either inpatient or outpatient services for one patient may be billed on the claim. At no time may both inpatient and outpatient services be billed on the same claim. If a patient receives both outpatient and inpatient services on the same day, all hospital services must be billed as inpatient services.

**DENTAL SERVICES**
Claims for dental services must be filed with the Dental Vendor. Providers may use the American Dental Association claim form or the Dental Vendor’s claim form. Claims for Oral Surgery codes listed on the dental provider fee schedule must be filed with the Dental Vendor. Claims for Oral Surgery codes not listed on the dental provider fee schedule must be submitted to South Dakota Medicaid. Fee information for the oral surgery codes not listed on the dental provider fee schedule can be located on the Physician Services Nonlaboratory Procedures fee schedule. The fee schedules are listed on South Dakota Medicaid’s website.

CLAIM INSTRUCTIONS

For detailed claim instructions please refer to the links below:

- American Dental Association/Dental Vendor’s Claim Form
- CMS 1500
- CMS 1500 – Medicare Crossover
- CMS 1500 – Third-Party Payer
- CMS 1500 – Void and Adjustments
- CMS 1500 – Assisted Living
- CMS 1500 – CHOICES Waiver
- UB-04
- 837I
- 837P

PAPER CLAIM FORMS

South Dakota Medicaid does not provide claim forms. The forms are available for direct purchase through either of the following agencies.

Superintendent of Documents
U.S. Government Printing Office
Washington, DC 20402
(202) 512-1800 (pricing desk)

American Medical Association
P O Box 10946
Chicago, IL 60610
ATTN: Order Department

CLAIM SUBMISSION

Generally, a provider may only submit a claim for services they know are covered by South Dakota Medicaid. There are some exceptions to this such as when a claim denial is required for other payer coverage.
A claim must be submitted at the provider’s usual and customary charge. The usual and customary charge is the individual provider’s normal charge to the general public for a specific service on the day the service was provided within the range of charges made by similar providers for such services and consistent with the prevailing market rates in the geographic area for comparable services.

Failure to properly fill out the provider’s information, as listed in the provider’s South Dakota Medicaid enrollment record could cause the claim to be denied by South Dakota Medicaid.

Submit CMS 1500 and UB-04 paper claim forms to the address listed below. A copy should be retained for your records. The provider is responsible for postage.

Department of Social Services
Division of Medical Services
700 Governors Drive
Pierre, SD 57501-2291

REFERENCES

- Administrative Rule of South Dakota (ARSD)
  - Third Party Liability ARSD Ch. 67:16:26
  - Claims ARSD Ch. 67:16:35
- South Dakota Medicaid State Plan
- Code of Federal Regulations